

Hepatitis C: Harvoni Tablet or Pellet Pack / ledipasvir-sofosbuvir (generic)

Member Information

1. Last Name: _____ 2. First Name: _____
3. Trillium ID #: _____ 4. Date of Birth: _____ 5. Gender: _____

Prescriber Information

1. Prescriber Name: _____ 2. NPI #: _____
3. Requestor Name (Nurse/Office Staff): _____
4. Mailing Address: _____ City: _____ State: _____ Zip: _____
5. Phone #: _____ Ext. _____ Fax #: _____

Drug Information

1. Drug Name: _____ 2. Strength: _____ 3. Quantity per 30 Days _____
4. Length of Therapy: ☐ 8 Weeks ☐ 12 Weeks ☐ 24 Weeks

Clinical Information

Total length of therapy being requested (Check ONE):

☐ 8 weeks = Genotype 1 - Treatment-naïve without cirrhosis who have pre-treatment HCV RNA less than 6 million IU/mL

☐ 12 weeks = Genotype 1, 4, 5, or 6 - Treatment-naïve and treatment-experienced without cirrhosis or with compensated cirrhosis (Child-Pugh A)

☐ 24 weeks = Treatment-experienced with compensated cirrhosis (Child-Pugh A)

☐ Harvoni + ribavirin 12 weeks = Genotype 1 - Treatment-naïve and treatment-experienced with decompensated cirrhosis (Child-Pugh B or C) or Genotype 1 or 4 – Treatment-naïve and treatment-experienced liver transplant recipients without cirrhosis, or with compensated cirrhosis (Child-Pugh A) 1.

1. What is the member's Genotype? _____

2. Is the member 3 years of age or older with a diagnosis of Chronic Hepatitis C (CHC) infection with genotype 1, 4, 5 or 6 infection without cirrhosis or with compensated cirrhosis? ☐ Yes ☐ No

3. Is the member 3 years of age or older with genotype 1 infection with decompensated cirrhosis, in combination with ribavirin? ☐ Yes ☐ No

4. Is the member 3 years of age or older with genotype 1 or 4 infection who is a liver transplant recipient without cirrhosis or with compensated cirrhosis, in combination with ribavirin? ☐ Yes ☐ No

5. As the provider, are you reasonably certain that treatment will improve the member's overall health status? ☐ Yes ☐ No

Trillium Health Resources
Pharmacy Prior Approval Request for



6. Does the member have FDA labeled contraindications to Harvoni or generic ledipasvir/sofosbuvir?

☐ Yes ☐ No

7. Is Harvoni® or generic ledipasvir/sofosbuvir is being used in combination with other drugs containing sofosbuvir?

☐ Yes ☐ No

Signature of Prescriber: _____ Date: _____

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.